

Applied Assessments LLC
An Independent Review Organization

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Applied Assessments LLC

Notice of Independent Review Decision

Case Number:

Date of Notice: 02/02/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

IP Left Knee Total
Arthroplasty 3 days LOS

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
☐ Overturned (Disagree)
Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

This patient is a reported male with complaints of left knee pain. On 04/04/14, he was seen in clinic and stated that he injured multiple body parts on 05/11/12. He was complaining of left knee pain. Upon physical examination, his left knee was tender and he had painful range of motion as well as crepitance. He was neurologically intact. X-rays previously performed showed preexisting osteoarthritis. He was given an ultrasound guided steroid injection into the left knee at that time. On 09/09/14, the patient returned to clinic and his left knee had moderate swelling with pronounced joint line tenderness. He had a positive patella compression test and range of motion was with crepitus but no instability was noted. X-ray demonstrated tricompartmental end stage osteoarthritis of the left knee. On 10/01/14, the patient returned to clinic and it was noted that he had failed conservative treatment and was a candidate for a total knee arthroplasty. On exam, he had joint line tenderness medially and laterally, with moderate effusion and crepitus. He had a slight flexion contracture to the left knee.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to

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support the decision.

On 09/22/14, a notification of adverse determination was submitted for the requested left total knee replacement with a 3 day length of stay but the rationale was not submitted. On 11/25/14, a notification of reconsideration determination was submitted noting the medical records lacked documentation of the patient's BMI to be less than 40, range of motion to be less than 90 degrees, and lack of documentation of nighttime joint pain. Additionally, the records lacked documentation of an official x-ray or previous arthroscopy. Therefore the request was non-certified.

The records submitted for this review also failed to include official x-rays of the left knee. The patient's BMI has not been documented by the records provided. There is a lack of documentation of range of motion deficits, and lack of documentation of failure of lesser measures such as physical therapy. Therefore, it is the opinion of this reviewer that the request for an inpatient left knee total knee arthroplasty with a 3 day length of stay is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)

- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)